



DAN RUTHERFORD

Illinois State Treasurer

DIVIDEND CLAIM FORM

You should use this form only if the Division previously returned unclaimed securities to you. For the return of any other property, please use the form available at www.icash.illinois.gov

INDIVIDUAL SUBMITTING CLAIM					
1. Last Name		2. First Name		3. Middle Name	
4. Current Mailing Address		5. City		6. State	7. Zip Code
8. Daytime Telephone Number			9. Social Security Number		
10. My relationship to the owner of the property:					
<input type="checkbox"/> I am the owner of the property			<input type="checkbox"/> Heir where there has been no probate		
<input type="checkbox"/> Guardian or other representative of the owner			<input type="checkbox"/> Power of Attorney		
<input type="checkbox"/> Executor or administrator for the owner			<input type="checkbox"/> Other – explain _____		

The following must be included with this form -
Clear copy of documentation showing the Social Security number of the claimant

The named claimant hereby certifies that this claim for property presumed abandoned is valid and just, that all statements here in are true and correct, and that upon payment of this claim, said claimant will indemnify and hold harmless the State of Illinois, its officers and employees, from any other valid claims to the said property.

Claimant swears and affirms that they are the proper claimant in the foregoing claim and that the above statements are true to the best of their knowledge.

SIGNATURE OF CLAIMANT(S):

X _____
X _____



Mail completed form to:

**Illinois State Treasurer's Office
Unclaimed Property Division
P.O. Box 19495
Springfield, IL 62794-9495**